

Case Number:	CM13-0042564		
Date Assigned:	12/27/2013	Date of Injury:	03/22/2013
Decision Date:	02/19/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. He has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 5'5", 202 pound, right-handed, 38 year-old female, [REDACTED], who was injured at work on 3/22/13 when she slipped and fell, landing on her right knee. The initial diagnosis was contusion to the right knee, and the current diagnoses from the 10/11/13 P&S report from [REDACTED] is: contusion of knee; patellofemoral disorder; lumbar radiculopathy. The IMR application shows a dispute with the 10/21/13 UR decision, which was from [REDACTED] and was based on the 9/30/13 report from [REDACTED]. Unfortunately, the 186 pages of medical records provided for this IMR did not include the 9/30/13 report from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture, once weekly for 6 weeks, knee/leg/lumbar: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: I do not have the 9/30/13 report from the requesting physician [REDACTED], and therefore do not have his rationale. I do have the 9/20/13 report form [REDACTED], that shows 7/10 low back pain and 6-7/10 pain in the right knee, and documents numbness and

tingling into the right leg, medial knee and medial foot to the 1st and 2nd toes. Sensory testing and nerve root tension signs were negative. MRI from 12/10/12 showed right paracentral protrusion at L3/4 with stenosis of the right lateral recess indenting the nerve root, but also showed left-side protrusion at L5/S1 with left lateral recess stenosis and indenting the left L5 nerve. [REDACTED] notes the patient completed 12 sessions of PT but had increased right knee and hip pain on the last 2 sessions. She wanted a trial of acupuncture x6. MTUS/Acupuncture guidelines recommend acupuncture 3-6 sessions as a trial to see if functional improvement could be obtained. The request for initial acupuncture x6 appears to be in accordance with the MTUS/Acupuncture guidelines.

Physio-therapy, twice weekly for 6 weeks, knee/leg/lumbar region: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: : I do not have the 9/30/13 report from the requesting physician [REDACTED], and therefore do not have his rationale. I do have the 9/20/13 report form [REDACTED], that shows 7/10 low back pain and 6-7/10 pain in the right knee, and documents numbness and tingling into the right leg, medial knee and medial foot to the 1st and 2nd toes. Sensory testing and nerve root tension signs were negative. MRI from 12/10/12 showed right paracentral protrusion at L3/4 with stenosis of the right lateral recess indenting the nerve root, but also showed left-side protrusion at L5/S1 with left lateral recess stenosis and indenting the left L5 nerve. [REDACTED] notes the patient completed 12 sessions of PT but had increased right knee and hip pain on the last 2 sessions. MTUS recommends 8-10 visits of PT for various myalgias or neuralgias. The req

EMG/NCV unspecified body part:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: I do not have the 9/30/13 report from the requesting physician [REDACTED], and therefore do not have his rationale. I do have the 9/20/13 report form [REDACTED], that shows 7/10 low back pain and 6-7/10 pain in the right knee, and documents numbness and tingling into the right leg, medial knee and medial foot to the 1st and 2nd toes. Sensory testing and nerve root tension signs were negative. MRI from 12/10/12 showed right paracentral protrusion at L3/4 with stenosis of the right lateral recess indenting the nerve root, but also showed left-side protrusion at L5/S1 with left lateral recess stenosis and indenting the left L5 nerve. The MRI and exam findings do not show clinically obvious radiculopathy. The patient has had lower back pain over 4-weeks. MTUS/ACOEM states: ""Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients

with low back symptoms lasting more than three or four weeks." The request appears to be in accordance with MTUS/ACOEM guidelines.

ESWT, unspecified body region or frequency: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter for Shock Wave Therapy.

Decision rationale: : This is an incomplete prescription, the total number of sessions, or duration and frequency or body regions for ESWT were not provided. MTUS/ACOEM did not discuss ESWT for the low back or knee. ODG guidelines were consulted. ODG guidelines states it is "under study" or experimental for the knee, and ODG states it is "not recommended" for the low back. The request is not in accordance with ODG guidelines for the areas of complaint.

Pain management consult lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: : I do not have the 9/30/13 report from the requesting physician [REDACTED] and therefore do not have his rationale. I do have the 9/20/13 report form [REDACTED], that shows 7/10 low back pain and 6-7/10 pain in the right knee, and documents numbness and tingling into the right leg, medial knee and medial foot to the 1st and 2nd toes. The 10/11/13 P&S report from [REDACTED] shows the pain levels improved at 3-4/10, and notes the patient is only using Vicodin PRN and nortriptyline. ACOEM does recommend consultations when the diagnosis is uncertain, or extremely complex or if psychosocial factors are present or if the course of care could benefit from additional expertise. I do not see where any of these factors are present. The patient fell on her knee at work and bruised her knee and aggravated her lower back and improved with conservative care and time. Without a rationale, I do not see how the patient would meet the ACOEM criteria for pain management consultation.

Chiropractic therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30 and 58.

Decision rationale: This is another incomplete prescription. The duration, frequency or total number of visits for chiropractic care were not provided. It is not known what body regions it

was intended for. I am not able to compare the unknown number of chiropractic sessions to the MTUS recommendations of 6 for the lumbar spine, to verify if the request meets MTUS guidelines. MTUS also states chiropractic care is not recommended for knee injuries. As presented to me, the patient fell on her knee, and chiropractic care is not recommended for the knee. I do not have the requesting physician's rationale, so it appears that the request for chiropractic care is not in accordance with MTUS guidelines.